

Schedule A

SOLE CUSTODY CHILD SUPPORT WORKSHEET

Case:

Date:

Judge:

INCOME

Custodial Parent:

Father's Gross Monthly Income:

Percentage:

Mother's Gross Monthly Income:

Percentage:

Parents' Combined Gross Monthly Income:

CHILD/CHILDREN INFORMATION

Number of Children From Marriage:

Medical Insurance For Children:

Extraordinary Medical/Dental Expenses for Child/Children:

Work Related Child/Day Care:

State Guideline Support Required:

Total Child Support Required:

CHILD SUPPORT PAYMENTS

Medical Insurance Paid By Non-Custodial Parent:

Father's Proportional Share:

Mother's Proportional Share:

JOINT CUSTODY SUPPORT GUIDELINE WORKSHEET

Case:

Date:

Judge:

GROSS INCOME OF PARTIES

	FATHER	MOTHER
Gross Monthly Income of Each Party:		
Parents' Combined Gross Monthly Income:		
Each Parties Percent of Combined Income:		

Number of Children From Marriage:
Child Support From Guideline Table:

Total Shared Support
(Guideline Table x 1.25):

	FATHER	MOTHER	
Total Days in Year Each Parent has Children:			=365 Days

Each Parent's Custody Share (%):

Each Parent's Child Support Obligation:

Work Related Child/Day Care:

Health Insurance Paid by Parent:

Extraordinary Medical/Dental Expenses:

Parents Total Support Obligation:

Parents Proportional Support Obligation:

NET SUPPORT PAYABLE BY
ONE PARENT TO OTHER:

SPLIT CUSTODY SUPPORT GUIDELINE WORKSHEET

Case:

Date:

Judge:

GROSS INCOME OF PARTIES

Father/Husband

Mother/Wife

Gross Monthly Income of
Each Party:
Parents' Combined Gross
Monthly Income:
Each Parties Percent of
Combined Income:

SUPPORT OBLIGATION OF PARENTS

Father/Husband

Mother/Wife

Number of Children With
Each Parent:

Child Support From Guideline
Table:

Extraordinary Medical/Dental
Expenses:

Health Insurance For Child/
Children Paid by Parent:

Parents Total Support Obligation:

Parents Proportional Support Obligation:

Net Support Payable by One Parent
To The Other: